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Bib Data Sheet

CONFIRMATION NO. 5784

|                             |  |              |                        |                                   |
|-----------------------------|--|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/521,167 | FILING OR 371(c)<br>DATE<br>03/07/2005<br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1649 | ATTORNEY DOCKET<br>NO.<br>DC-0301 |
|-----------------------------|--|--------------|------------------------|-----------------------------------|

## APPLICANTS

Joyce A. DeLeo, Lebanon, NH;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US03/24148 07/31/2003 which claims benefit of 60/400,243 07/31/2002  
and claims benefit of 60/425,966 11/13/2002 \*

(\*)Data provided by applicant is not consistent with PTO records.

KAB 1/10/07

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE 1/10/07 KAB

\*\* SMALL ENTITY \*\*

|  |  |                        |                      |                            |
|--|--|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>NH  | SHEETS<br>DRAWING<br>0 | TOTAL<br>CLAIMS<br>1 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged<br><u>K. Ballard</u><br>Examiner's Signature | <u>KAB</u><br>Initials |                      |                            |

## ADDRESS

26259

## TITLE

Method of preventing or treating pain

|                               |   |  |
|-------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>515 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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